

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 1-133

First Inventor or Application Identifier ISHIZAKI

Title REGISTRATION AND SEARCH SYSTEM FOR
OBTAINING INFORMATION ON FACILITIES

Express Mail Label No. 100-83638

APPLICATION ELEMENTS
See MPEP chapter 600 concerning utility patent application contents.

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

- | | |
|--|---|
| 1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing) | 5. <input type="checkbox"/> Microfiche Computer Program (Appendix) |
| 2. <input checked="" type="checkbox"/> Specification [Total Pages 49] | 6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary) |
| -Descriptive title of the Invention | a. <input type="checkbox"/> Computer Readable Copy |
| -Cross Reference to Related Applications | b. <input type="checkbox"/> Paper Copy (identical to computer copy) |
| -Background of the Invention | c. <input type="checkbox"/> Statement verifying identity of above copies |
| -Summary of the Invention | |
| -Brief Description of the Drawings | |
| -Detailed Description of the Preferred Embodiment | |
| -Claims | |
| -Abstract of the Disclosure | |
| 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 10] | 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) |
| 4. Oath or Declaration [Total Sheets 3] | 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement
(when there is an assignee) <input type="checkbox"/> Power of Attorney |
| a. <input checked="" type="checkbox"/> Newly executed (original or copy) | 9. <input type="checkbox"/> English Translation Document (if applicable) |
| b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63 (d))
(for continuation/divisional with Box 16 completed) | 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations |
| i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting
inventor(s) named in the prior application,
see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). | 11. <input type="checkbox"/> Preliminary Amendment |
| | 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
(should be specifically itemized) |
| | 13. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application,
(PTO/SB/09-12) Status still proper and desired |
| | 14. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s)
(if foreign priority is claimed) |
| | 15. <input type="checkbox"/> Other: |

NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

 Continuation Divisional Continuation-in-part (CIP)

of prior application No: _____

Prior application information: Examiner _____

Group/Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

 Customer Number or Bar Code Labelor Correspondence address below

Name

23400

PATENT TRADEMARK OFFICE

Address

City

State

Zip Code

Country

Telephone (202) 416-1638

Fax (202) 416-1639

Name (Print/type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701
Signature		Date	4-13-01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

LAW OFFICE OF
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SPECIALIZING IN PATENTS, TRADEMARKS & COPYRIGHTS

DAVID G. POSZ
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April 13, 2001

Hon. Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:

OIPE HAND DELIVERY FILING CERTIFICATE

Applicant: ISHIZAKI

For: REGISTRATION AND SEARCH SYSTEM FOR OBTAINING INFORMATION ON FACILITIES

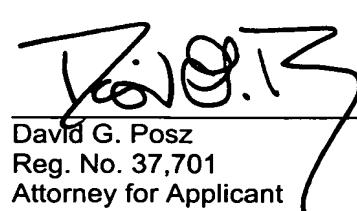
Docket: 1-133

Attorney: David G. Posz

Date of Deposit: April 13, 2001

I hereby certify that this certificate and the following documents are being hand delivered to, and deposited with, the USPTO at the Customer Service Window, Office of Initial Patent Examination, Crystal Plaza Building 2, Room 1B03, 2011 South Clark Place, Arlington, VA 22202 on the above-indicated date, and are addressed to the Commissioner of Patents and Trademarks/Assistant Commissioner for Patents, Washington, D.C., 20231:

- return receipt postcard;
- transmittal form (2 copies);
- fee calculation form (2 copies);
- 49 page specification including 21 numbered claims;
- 10 sheets of formal drawings;
- executed declaration/power of attorney;
- executed assignment with recordation cover sheet (3 pages total);
- IDS with PTO-1449 form and 3 references;
- check for \$1008; and
- 1 certified copy of priority document (JP 2000-113553).



David G. Posz

Reg. No. 37,701
Attorney for Applicant

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 1008)

Complete if Known

Application Number	
Filing Date	April 13, 2001
First Named Inventor	ISHIZAKI
Examiner Name	
Group/Art Unit	
Attorney Docket No.	1-133

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **50-1147**Deposit Account Name **LAW OFFICE OF DAVID G. POSZ**

2. Payment Enclosed:

 Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	
101 710	201 355	Utility filing fee	710
106 320	206 160	Design filing fee	
107 490	207 245	Plant filing fee	
108 710	208 355	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$ 710)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from Below	Fee Paid
21	-20**= 1	x 18	= 18
6	- 3***= 3	x 80	= 240

Multiple Dependent

Large Entity	Small Entity	Fee Description
Fee Code (\$)	Fee Code (\$)	
103 18	203 9	Claims in excess of 20
102 80	202 40	Independent claims in excess of 3
104 270	204 135	Multiple dependent claim, if not paid
109 80	209 40	**Reissue independent claims over original patent
110 18	210 9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 258)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge – late filing fee or oath	
127 50	227 25	Surcharge – late provisional filing fee or cover sheet.	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 390	216 195	Extension for reply within second month	
117 890	217 445	Extension for reply within third month	
118 1,390	218 695	Extension for reply within fourth month	
128 1,890	228 945	Extension for reply within fifth month	
119 310	219 155	Notice of Appeal	
120 310	220 155	Filing a brief in support of an appeal	
121 270	221 135	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive – unavoidable	
141 1,240	241 620	Petition to revive – unintentional	
142 1,240	242 620	Utility issue fee (or reissue)	
143 440	243 220	Design issue fee	
144 600	244 300	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	40
146 710	246 355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 710	249 355	For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) _____

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 40)

SUBMITTED BY					Complete if applicable
Name (Print/Type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701	Telephone	(202) 416-1638
Signature	<i>David G. Posz</i>	Date	4-13-01		

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